

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-006056

STATE FILE NUMBER

AMENDED

Registration District No. 104

Primary Registration District No. 4176

Registrar's No. 12

FILED FEB 19 1962

## 1. PLACE OF DEATH

a. COUNTY

DUNKLIN

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MO

b. COUNTY

DUNKLIN

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN MALDEN

Length of stay in 1b

5 Yrs.

c. CITY

OR TOWN

MALDEN

Inside Limits

Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION

300 N. BECKWITH

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

300 N. BECKWITH

Reside on Farm

Yes ☐ No ☐3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

CLARENCE

ALVIN

BOARDMAN

## 4. DATE OF DEATH

Month

Day

Year

FEB. 11 1962

## 5. SEX

MALE

## 6. COLOR OR RACE

WHITE

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

4-13-90

## 9. AGE (last birthday)

71

## IF UNDER 1 YEAR

## IF UNDER 24 HR

Months

Days

Hours

Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

RETIRED

## 10b. KIND OF BUSINESS OR INDUSTRY

CITY EMPLOYEE

## 11. BIRTHPLACE (City and state or country)

SCOTT COUNTY MO

## 12. CITIZEN OF WHAT COUNTRY

U.S.A.

## 13a. FATHER'S NAME

THOMAS BOARDMAN

## 13b. MOTHER'S MAIDEN NAME

SARAH E. DAY

## 14. NAME OF HUSBAND OR WIFE

BEATRICE BOARDMAN

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

NO

(Yes, no or unknown) (If yes, give year or dates of service)

NO

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Address

BEATRICE BOARDMAN, MALDEN, MO.

## 18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Metastatic Carcinoma.

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☐ No☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

## 20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 1/28/62 to 2/11/62 and last saw him alive on 2/11/62  
Death occurred at 2:20 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

J.W. Sloan D.O.

## 22b. ADDRESS

Malden. Mo.

## 22c. DATE SIGNED

2/14/62

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

## 23b. DATE

2-13-62

## 23c. NAME OF CEMETERY OR CREMATORY

MEMORIAL PARK

## 23d. LOCATION (City, town, or county)

MALDEN, MO.

## 24. FUNERAL DIRECTOR

DAY &amp; KNIGHT F. S. MALDEN, MO.

## 25. DATE RECD. BY LOCAL REG.

2-16-62

## 26. REGISTRAR'S SIGNATURE

J.R. Khouran

(Licensed Embalmer's Statement on Reverse Side)

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*J. J. Schuman*

Licensed Embalmer No.

4086

P.O. Address

Malden, MA

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

\* If this body is not embalmed, fact should be so stated above.